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## *School Violence Prevention Testimony*

*Jaana Juvonen*

*Presented to the California State Assembly Select Committee  
on School Safety*

*June 2001*

CT-178

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Published 2001 by RAND

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## **Preface**

This document presents the written testimony of Jaana Juvonen, Ph.D., as submitted to the California State Assembly Select Committee on School Safety, June 1, 2001, Downey, California.

## **School Violence Prevention**

Testimony Presented to the California State Assembly Select Committee on  
School Safety

by  
Jaana Juvonen, Ph.D.  
RAND Health

Thank you for this opportunity to provide testimony regarding school safety. I am a Behavioral Scientist at RAND and Adjunct Associate Professor of developmental psychology at UCLA, conducting research on peer victimization, adjustment, and school-based violence prevention.

Nationally publicized school shootings have highlighted potential precursors of violence, such as persistent bullying. Although we lack substantial data on the long-term effects of being bullied, getting bullied or victimized by peers is now considered a warning sign of potentially violent students.<sup>12</sup> Moreover, independent of high profile shooting incidents that have attracted recent attention, social scientists have consistently documented that bullying is (1) prevalent in schools and has detrimental effects on children, and (2) that schools can effectively reduce bullying and mitigate its harmful effects. However, many of the current violence prevention strategies (e.g., methods that focus solely on physical safety, zero-tolerance policies, and profiling of potentially violent students) are limited and may even backfire in the long run. The most promising model of violence prevention that focuses on bullying includes at least three interrelated components: (1) explicit anti-harassment school policy, (2) instruction for all students to help them understand the policy and develop conflict resolution skills, and (3) case-by-case staff mediation that reinforces both school policy and instruction.

**What is bullying?** Bullying is defined as repeated maltreatment of a peer, where there is an imbalance of power between the perpetrator and the victim.<sup>3</sup> Most typical bullying incidents entail **psychological** intimidation.<sup>4</sup>

**How prevalent are bullying and victimization?** Bullying and peer victimization take place at every grade level from kindergartner to high school. Bullying directly involves 20-30% of students in America's elementary and secondary schools<sup>5</sup> – that is, over 10 million students today.

**What do we know about the effects of bullying?** Bullying involves victims, bullies, and bystanders, and all three groups are affected.

- a. Victims: Unlike the recent school shooters, most victims of bullying do not lash out but suffer in silence: Victims are most likely to display psychological problems, such as depression, anxiety, and social withdrawal.<sup>6</sup> Chronically bullied youth are also at risk for depression even 10 years later.<sup>7</sup> Aggressive victims, a smaller subset of victims, are at highest risk for psychosocial problems, including suicidal ideation.<sup>8</sup>
- b. Bullies: Childhood bullying is related to a host of other anti-social behaviors and to poor school achievement.<sup>9</sup> Compared to non-aggressive children, bullies are four times more likely to commit crimes by their mid 20s.<sup>10</sup> Childhood bullying is also a unique predictor of person-oriented crime in adulthood.<sup>11</sup>
- c. Bystanders: The 70-80% of youth who are not bullies or victims are also likely to be affected by bullying. Witnessing classmates getting intimidated or ridiculed by peers increases bystanders' daily level of anxiety.<sup>12</sup> Moreover, if school staff do not intervene with bullying incidents, a school climate is created where hostile peer group norms are cultivated and bullies gain in social status.<sup>13</sup>

In sum: students can be affected by bullying either directly or indirectly; the effects vary from personal mental health problems to fostering hostile social norms and a culture of bullying.

### **Can schools reduce bullying and its negative effects?**

Yes, if it's done appropriately. Although there are limited data on specific approaches and programs, we know that certain components are more effective than others.

The approach I suggest is founded on (a) basic research on bullying and victimization by peers, (b) common components of systemic models developed and implemented in Norway, Sweden,<sup>3</sup> England, and Australia,<sup>4</sup> and (c) psychological principles of learning. I believe that the most effective anti-bullying approach consists of three interrelated components:

- (1) school policy,
- (2) instruction for all students regarding the meaning of the policy and skills,  
and
- (3) staff mediation to reinforce both school policy and instruction.

This is how and why this model is likely to work:

1. Schools must have an explicit code of conduct—an anti-bullying or anti-harassment **policy** that spells out which behaviors are not acceptable. This not only provides clear guidelines for students, but also allows staff to intervene. However, just having a policy is not sufficient. There are two other critical components.
2. Students must understand why the rules exist, and they need to know how to effectively deal with everyday disputes.

- a. Schools must provide instruction about the rules so that children will understand the negative effects of peer ridicule and intimidation. It is critical to recognize that bullying is not only a problem between two kids (bully & victim); it is also a group phenomenon. Bystanders who side with the bully reinforce the aggressive behavior of the perpetrator. The issue of group reinforcement is one of the factors often ignored when school policies and practices are developed. How can we change the collective norm that supports the hostile behavior of a bully? –Use **awareness training**. Awareness training involves perspective-taking exercises where students learn to see the point of view of the victim.
  - b. In addition, children should be taught **skills** that help them stop peer intimidation and prevent everyday conflicts from escalating. Older children will also benefit from instruction that provides them cognitive coping strategies. However, the effects of instruction are limited unless the skills can be transferred from classroom instruction to the schoolyard. Hence, instructional exercises should not be limited to the classroom.
3. The skills obtained through the curriculum must get reinforced in the schoolyard. Bullying incidents provide invaluable instructional opportunities: **Staff mediation** and prompting of alternative behavioral strategies will help students apply conflict resolution skills in everyday situations.

#### **Which violence prevention approaches are limited?**

Currently popular approaches to violence prevention include efforts to boost the physical safety of schools, zero-tolerance policies that result in suspensions or



expulsions of aggressive youth, and programs that focus on early identification and remediation of potentially violent students.

Since the outbreak of school shootings the late 1990s, the central focus of schools has been ensuring the safety of their students. **Physical safety measures** used in schools commonly include preventing weapons deterrence and increased monitoring and surveillance, including use of police officers or security guards. Although most school violence does not involve weapons,<sup>14</sup> the primary goal of improved physical safety measures is to prevent youth from bringing weapons to school. Unfortunately, metal detectors and searches of student lockers and book bags do not address the underlying reasons why students bring guns and knives to school. Similarly, increased surveillance and use of outside security personnel might facilitate the preparedness of schools to react to violent outbursts, but we know little about how the presence of uniformed officers at school affects students' feelings of safety (e.g., possibly increasing the salience of threat and mistrust) or school climate, either immediately or over the long term.

**Zero-tolerance policies** are presumed to send a message to potentially violent students and hence decrease school violence. Yet suspensions are relatively strong predictors of dropping out,<sup>15</sup> which is, in turn, associated with delinquency.<sup>16,17</sup> One presumed explanation for these linkages between suspension, dropping out, and delinquency is the increased unstructured time available to the suspended student and the greater likelihood of getting in contact with deviant peers. Furthermore, school transfers increase the risk for subsequent violence.<sup>18</sup> Thus, in some cases, punishment tactics employed by schools with zero-tolerance policies may in fact increase the risk of violence, both for individual youth and for society at large.

Another set of violence prevention strategies entails **programs designed for at-risk youth**, typically aggressive students. Most of these programs rely on the

assumption that potentially violent students can be identified in a reliable and valid manner, although social scientists know that prediction at the level of individuals is difficult, if not impossible. The assessment techniques typically available in schools are likely to over-identify at-risk youth. Placing these falsely identified students in programs with youth who are potentially violent increases the risk level for the falsely identified youth. Furthermore, recent analyses show that repeated interventions that include only problem youth can be counter-effective for all participants in the long-run.<sup>19</sup> Although the effects of short-term effects can be promising,<sup>20,21</sup> grouping high-risk youth appears to reinforce negative behavioral patterns in a form of "deviance training;" hence, repeated participation in such programs increase rather than decrease risk for subsequent anti-social behavior.<sup>19</sup>

Because bullying and getting bullied are so prevalent and have such detrimental effects on all those involved, they should be considered serious public health threats.<sup>2</sup> I conclude my testimony with four general points for school and district staff to consider when choosing a violence prevention approach:

1. We need approaches that enhance psychological safety, not just physical safety.
2. Instructional programs aimed at changing social norms and developing mediation skills are better than punitive programs.
3. Systemic programs that involve ALL students are superior to those that focus solely on problematic (e.g., aggressive, victimized) ones.
4. Prevention approaches are likely to have more long-term consequences than than reactive interventions or crisis management.

## **ACKNOWLEDGEMENTS**

I thank Mary Vaiana and Claudia Szabo for their assistance in the preparation of this testimony. The statements, conclusions, and recommendations are those of the author and do not necessarily reflect the views RAND.

## REFERENCES

- <sup>1</sup>O'Toole, M. E. (2000). *The School Shooter: A Threat Assessment Perspective*. Quantico, VA: FBI Academy.
- <sup>2</sup>Spivac, H., Prothrow-Stith, D. (2001). The Need to Address Bullying—An Important Component of Violence Prevention, *JAMA*, 285, 2731-2732.
- <sup>3</sup>Olweus, D. (1993). *Bullying at School: What We Know and What We Can Do*. Oxford, England: Blackwell.
- <sup>4</sup>Rigby, Ken. (1996). *Bullying in Schools: And What to Do About It*. Bristol, PA: Jessica Kingsley Publishers.
- <sup>5</sup>Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W.J., Simons-Morton, B., and Scheidt, P. (2001). Bullying Behaviors Among U.S. Youth: Prevalence and Association With Psychosocial Adjustment, *JAMA*, 285, 2094-2100.
- <sup>6</sup>Juvonen, J. Graham, S., Eds. (2001). *Peer Harassment in School. The Plight of the Vulnerable and Victimized*. New York, NY: The Guilford Press.
- <sup>7</sup>Olweus, D. (1993). Victimization by Peers: Antecedents and Long-Term Outcomes. In K. H. Rubin & J. B. Asendorpf (Eds.), *Social Withdrawal, Inhibition, and Shyness in Childhood* (pp. 315-341). Hillsdale, NJ: Erlbaum
- <sup>8</sup>Kaitiala-Heino, R., Rimpela, M., Marttunen, M., Rimpela, A., Rantanen, P. (1999). Bullying, Depression, and Suicidal Ideation in Finnish Adolescents: School Survey. *British Medical Journal*, 319, 349-351.
- <sup>9</sup>Huizinga, D., Jakob-Chien, D. (1999). The Contemporaneous Co-Occurrence of Serious and Violent Juvenile Offending and Other Problem Behaviors. In R. Loeber and D.P. Farrington (Eds.), *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, CA: Sage Publications.
- <sup>10</sup>Olweus, D. (1992). Bullying Among Schoolchildren: Intervention and Prevention. In R.D. Peters, R.J. McMahon, V.L. Quinsey (Eds.), *Aggression and Violence Through the Life Span* (pp.100-125). London, England: Sage Publications, 100-125.
- <sup>11</sup>Loeber, R. & Hay, D. F. (1994). Key Issues in the Development of Aggression and Violence from Childhood to Early Adulthood. *Annual Review of Psychology*, 48, 371-410.
- <sup>12</sup>Nishina, A. & Juvonen, J. (2001). *Daily Affect and Peer Harassment in Middle School*. Manuscript under review.
- <sup>13</sup>Salmivalli, C. (2001). Group View on Victimization: Empirical Findings and Their Implications. In J. Juvonen and S. Graham (Eds.), *Peer Harassment in School. The Plight of the Vulnerable and Victimized* (pp. 398-419). New York, NY: The Guilford Press, 147-174.

<sup>14</sup> National Center for Education Statistics. (1998). *Violence and Discipline Problems in U.S. Public Schools: 1996-97*. NCES 98-030. U.S. Department of Education, Office of Educational Research and Improvement.

<sup>15</sup> Ekstrom, R.B., Goertz, M.E., Pollack, J.M., and Rock, D.A. (1986). Who Drops Out of High School and Why? Findings from a National Study. *Teachers College Record*, 87, 356-373.

<sup>16</sup> Chavez, E.L., Oetting, E.R., Swaim, R.C. (1994). Dropout and Delinquency: Mexican-American and Caucasian non-Hispanic Youth. *Journal of Clinical Child Psychology*, 23, 47-55.

<sup>17</sup> Thornberry, T., Moore, M., Christenson, R. (1985). The Effect of Dropping Out of High School on Subsequent Criminal Behavior. *Criminology*, 23, 3-18.

<sup>18</sup> Ellickson, P.L., McGuigan, K. (2000). Early Predictors of Violence. *American Journal of Public Health*, 90, 566-572.

<sup>19</sup> Dishion, T.J., McCord, J., Poulin, F. (1999). When Interventions Harm: Peer Groups and Problem Behavior. *American Psychologist*, 54, 755-764.

<sup>20</sup> Farrell, A.D., Meyer, A.L. (1997b). The Effectiveness of a School-Based Curriculum for Reducing Violence Among Urban Sixth-Grade Students. *American Journal of Public Health*, 87, 979-988.

<sup>21</sup> Hammond, W.R., Yung, B.R. (1991). Preventing Violence in At-Risk African-American Youth. *Journal of Health Care for the Poor and Underserved*, 2, 359-373.